



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

FORENSIC REVIEW BOARD

Effective Date: January 28, 2002

Policy #: FP-01

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I. PURPOSE:

- A. To define the structure and function of the Forensic Review Board.

II. POLICY:

- A. The Forensic Review Board will be responsible for advising the Hospital Administrator and the Director of the Department of Public Health and Human Services on matters concerning the treatment and discharge of Forensic Patients.
- B. This committee will be administrative in scope and function; however, nothing in this policy prohibits the clinicians on the committee from exploring relevant clinical issues that may arise during review of cases.

III. DEFINITIONS:

- A. Forensic Patient – A patient at the Hospital due to their involvement with the criminal justice system. Generally, these patients are on one of the following types of commitment – Court Ordered Evaluation (COE), Unfit to Proceed (UTP), Not Guilty by Reason of Mental Illness (NGMI), Guilty but Mentally Ill (GBMI). Also includes patients on civil commitments transferred from Montana Department of Corrections Facility, and may include patients on civil commitments who are known to have committed serious criminal acts.
- B. Treatment Team – The Treatment Team responsible for the Forensic Patient's care.
- C. Division – The Addictive and Mental Disorders Division of the Department of Public Health and Human Services (AMDD)
- D. Department – The Department of Public Health and Human Services (DPHHS)
- E. Administrator – The Administrator of the Addictive and Mental Disorders Division (AMDD)
- F. Director – The Director of DPHHS

G. Board – the Forensic Review Board (FRB)

IV. RESPONSIBILITIES:

- A. The Forensic Review Board is responsible for reviewing and voting on Treatment Team recommendations regarding privileges and placement of Forensic Patients.
- B. Hospital Administrator – Is responsible for chairing, or assigning a chair to the FRB, and ensuring a functional Forensic Review Process. Also responsible for reviewing, approving, and forwarding FRB recommendations to the treating physician, Administrator, and Director or others where appropriate.
- C. Medical Director – Is responsible for chairing FRB meetings in the Hospital Administrator's absence.
- D. Board Members – Will contribute time and effort to help assure that the committee remains active, well informed, and responsive to the hospital and forensic team. Each member is expected to attend and participate in Board meetings.

V. PROCEDURE:

- A. **To request approval for a increase in privileges for a Forensic Patient:**
 - 1. The attending psychiatrist will convene a meeting of the Forensic Review Board. Meetings will normally be scheduled for a regular day and time, but can be changed as needed.
 - 2. The attending psychiatrist and other treatment team members will make an oral presentation to the Board. A format for the presentation is provided in Attachment A.
 - 3. The Board will hear the presentation, interview the patient (if desired), discuss the case, and then vote.
 - 4. Following the vote, the patient's attending physician will ensure that the FRB decision is conveyed to the patient in a timely manner (unless contraindicated).
 - 5. The Forensic Review Board may seek a legal opinion any time it is determined to be necessary or advisable. The Chair may suspend, delay and reschedule proceedings as a result of this action.
 - 6. The Treatment Team will prepare the final report, in the format indicated in Attachment A, which will include the case presentation and the Board's decision.

This report will be signed by Treatment Team members, the Medical Director, and the Hospital Administrator.

- B. In the case of approval for discharge or alternative placement,** the Chairperson will submit all recommendations to the DPHHS Attorney who will advise the Director of the Department of Public Health and Human Services. The DPHHS Attorney will file petitions or other documents with District Court when required.

C. FRB Membership

Membership on the Forensic Review Board will consist of the following staff members or their designees.

Medical Director
Psychiatrist from another treatment unit
Director of Nursing
Chief, Social Work
Chief, Psychology
Hospital Administrator (chair)

Additional psychiatrists or Advance Practice Registered Nurses may also participate as voting members.

Members of the presenting treatment team may participate in the discussion, but may not vote.

Advocates may attend the meeting and be permitted to briefly address the committee, but may not vote

D. Voting Quorum:

A minimum of five (5) members of the Forensic Review Board must be present in order for the Board to take action on a recommendation.

E. Hospital Administrator Approval

The Board's recommendations do not become final until the Hospital Administrator grants approval. The administrator may turn down or modify the Board's recommendations.

- VI. REFERENCES:** Patterson and Wise, "The Development of Internal Forensic Review Boards in the Management of Hospitalized Insanity Acquittes," J AM Acad Psychiatric Law, Vol. 26, No 44, 1998.

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- VII. COLLABORATED WITH:** Hospital Administrator; Medical Director; Forensic Program Psychiatrist.
- VIII. RESCISSIONS:** Policy #: FP-01 *Forensic Review Board*, issued March 21, 2000.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. REVIEW AND REISSUE DATE:** January 2005
- XI. FOLLOW-UP RESPONSIBILITY:** Medical Director
- XI. ATTACHMENTS:**

Attachment A – FRB Report Format

Edward Amberg
Hospital Administrator

Thomas Gray, M.D.
Medical Director

MONTANA STATE HOSPITAL

Forensic Review Board Report

Date

Name:

MSH #:

Court Case #:

Forensic Review Board members Present:

- A. Identifying Data:
- B. Pertinent Historical Information:
- C. Hospital Course:
- D. Interview:
- E. Medications:
- F. Diagnoses:
- G. Conclusions and Recommendations of the Forensic Review Board:
- H. Signatures/Approvals: